M

Scott. II.-27—100,000—22-6-53.

(19) Department.

SERIES.

G.O. No.

2841

Dated

[Despatch Abstract.]

Education & P. H. Department.

NOTE FOR THE CABINET.

A system of medical inspection of pupils in schools and students in colleges was in force prior to 1932. The main features of the scheme were:

(1) that it was compulsory in the case of:--

(a) Secondary Schools for boys including Secondary departments of Arts Colleges for men and Model Schools of the secondary grade attached to training institutions for men,

(b) Arts Colleges for men and women in the Madras University area, and

(2) that it was optional in the case of:--

(a) Arts Colleges for men and women in the Andhra University area,

(b) Secondary schools for girls, and

(c) Girls reading in Secondary schools for boys.

The Government were giving grants to local bodies to the extent of Rs.51,900/- per annum for the purpose of medical inspection of pupils in schools. In 1932, the system of medical inspection of pupils referred to above was abolished as it was not producing results of sufficient practical value to justify its continuance. The main defect of the scheme was that most of the pupils of the elementary schools were neglected and that there was no regular 'follow up'; treatment being left to be arranged for by the parents. Since 1932, several attempts were made to evolve a more useful scheme but, mainly owing to financial stringency no scheme could be sanctioned.

2. One of the schemes included in the post-war five year plan is the medical inspection of school children. The Bhore Committee set up by the Government of India have also emphasized the necessity for the medical inspection of school children. In 1947, Hon'ble the Minister for Education called a conference of ~~Public Health~~ the Surgeon-General, the Director of Public Instruction, the Director of Public Health, the Principals of the City Medical Colleges, etc. to evolve a scheme of medical inspection which should be, as far as possible, self-supporting. A scheme for medical inspection has accordingly been drawn up. The scheme as finalised, is explained in the 6 succeeding paragraphs.

3. The scheme is to confine medical inspection to secondary schools and Government Colleges and leave out elementary schools for the present, due to the uncertainty of the services of the Rural Medical Practitioners and Medical Officers in charge of primary centres becoming available for the purpose. The medical inspection is to be done in Forms I and IV in secondary schools and in first year Intermediate class in colleges. Such of those pupils or students who have diseases or any other complaints are to be followed up after these examinations in children's clinics proposed to be kept in separate rooms in the General Hospital itself. The necessary medicines for the clinics are to be taken from the general stores in ~~of the School~~ Hospital. These clinics will be in charge of the Doctor of the School Medical Service and his peon and will be provided with equipment for eye test and such other apparatus. A medicine chest at a cost of Rs.100/- each...

each is proposed to be given to each of the 600 High Schools in the province at an estimated cost of Rs.60,000 non-recurring. Boys and girls in Forms I to III are to be charged rupee one per head, in Forms IV to VI rupees 2 per head and in Colleges Rs.3/- per head. The total fee income anticipated is Rs.4,51,383.

4. A school medical service consisting of 65 Doctors with the qualifications of I Class Health Officers is to be formed for the purpose of medical inspection of schools and colleges. The estimated cost of the scheme is Rs.3,70,876 recurring and Rs.13,000/- non-recurring. The cost of the School Medical Service is to be met out of the fee income. The scheme is expected to be self-supporting. The intention is to create a separate fund out of the income from the fees levied as above and ear-mark it for medical inspection.

The Doctors recruited for the school Medical Service should undergo preliminary training for a month or two in Opthamology, Ear, Nose and Throat Diseases and such other diseases which affect children. This school Medical Service is to be placed under the charge of an officer of the status of Assistant Director of Public Health designated as Deputy Director in charge of School Medical Service, who will be attached to the Education Department. He is to be assisted by the necessary ministerial staff. The cost of the Central Organisation is estimated at Rs.21,048/-. It is proposed that the cost of the Central Organisation should be met from Provincial funds.

5. It was also proposed that one Deputy Director of Public Instruction in the scale of Rs.600-100/2-1000 with a small staff might be appointed at once to the office of the Director of Public Instruction to work out details relating to the Medical Inspection scheme. The cost on this account was proposed to be set of against the additional income derived from the increased tution fee, 5 per cent of which was set apart for medical inspection and visual education.

6. The Finance Department while agreeing to the appointment immediately of a Special Officer with a small staff to work out details relating to the schemes suggested that the scheme might be referred to them after the details were worked out. They also pointed out.--

(1) that the cost of medicines taken from the hospital should be added to the cost of the scheme;

(2) that there was no need for the supply of medicine chests to educational institutions.

(3) that it was not reasonable to levy from public who were not actually examined i.e. those in Forms II and III and V and VI and those in classes II to IV in Colleges.

(4) that whether a special fund should be constituted for the purpose of medical inspection was a question of policy on which orders of Cabinet should be taken in due course.

7. On re-circulation Hon'ble the Minister (Edn.) minuted as follows:

"Finance has raised certain points which must be met. I am afraid there has been a slight misunderstanding. The points that ~~xx~~ they have raised are --

(1) that a Special Officer may be appointed the cost of which will be Rs.13,000/- since there is alread a fee of Rs.11,000/- collected for medical inspection the extra expenditure will be Rs.2,000/-.

(2) while medical inspection is provided in Forms I and IV, how we can collect fees from otner forms also ?

(3) how the cost of medicine is to be met ?

(4) the amount of Rs.73,000/- which is supposed to be shown as non-recurring expenditure hether it is necessary ?

and (5) that the special officer may be appointed now and a scheme may be prepared and then put before the Cabinet later on.

I am sorry in most of the matters referred to above, the matter has not been clearly understood. With regard to (1) above, the income that has been received by way of medical fees is Rs.11,170/-. But the officer that we want for this year is for the end of the school year which will nearly be 1½ months even if the orders are issued to-day. The cost of that will be only about Rs.2000/- for this year, and so there is a net extra income of nearly Rs.9000/- and not an extra expenditure of Rs.2000/- when this year's account is taken into consideration.

Clarification has been asked for whether the Special Officer and the Officer who will be in charge of the organising the school medical service are two posts or one and the same. There is only one officer asked for at the Central Office and that is the officer of the grade of the Deputy Director of Public Instruction, who will organise this work of school medical service.

(2) While detailed medical inspection will be made in Forms I and IV other students also will be examined in a less detailed manner, perhaps and they will also be treated whenever necessary and will have the full benefit of the clinics to be opened under the scheme. In fact this follows up work is more important and more costly. And so it is but proper that fees should be charged for all. And after all the fee charged is very small i.e. Re.1 per year in the lower forms and Rs.2/- per year in the higher forms.

(3) The children of the schools as others among the public are entitled to be treated in our hospitals and the Public Health Department also has no objection to the proposal set in here that the medicines must be supplied by them.

(4) This may not be taken up now, but may be considered while organising the school medical service if necessary.

(5) Finance has suggested that a Special Officer may be appointed now and a scheme may be prepared by him and then put through the Cabinet. I do not think that this circuitous procedure is necessary. The scheme that has been proposed in this file has been evolved out of a discussion with the Surgeon-General, the Director of Public Health and the Director of Public Instruction. What is to be done by the Deputy Director for School Medical Service is to draw up the qualifications for the School Medical Service, conditions of service etc., within the framework of this proposal. I do not think it is necessary we should wait for these small details to go in before we take up the consideration of the scheme itself. The broad principles of the scheme may be approved now and the scheme may be worked within these principles.

The scheme is self-supporting. We do not ask the Government to bear anything except for the cost of the Deputy Director for school medical service at the Central Office. And so I suggest that approval may be given to the scheme so that the Deputy Director for School Medical Service may be

appointed....

appointed immediately and may be asked to organise the School Medical Service.

The income for the fund is Rs.4,51,883 as has been pointed earlier. The expenditure in the first year will be Rs.2,86,082/- while the ultimate expenditure will be Rs.3,70,876. Even if we take the ultimate expenditure for purposes of calculation, there will be a net income of Rs.84,794/- to be utilised for the furtherance of the scheme when necessary. And so it may be seen that the scheme is absolutely self-supporting and I would suggest that the scheme may be allowed to be sanctioned immediately and a Deputy Director of Public Instruction for School Medical Service on the grade mentioned above may be appointed immediately so that he may begin the organization of the work since there is already Rs.11,170/- to the credit of the fund and expenditure in this year will only be about Rs.2,000/-.

Yes.
B.G.R.

If Hon. Minister (Fin.) thinks that the matter may be referred to the Cabinet as suggested by the Finance Department that may be done and in the mean time the officer referred to above may be appointed.

T.S.A
16-2-48

The Hon'ble Minister for Finance has minuted as follows

Deputy Director (School Medical Service)

"The scheme may come into ~~freee~~ force from 1-6-48 and the Special Officer may be appointed in April or May or if necessary from March & itself.

17-2-48."

The Hon'ble Premier has agreed to the proposal being placed before the Cabinet.

8. Orders have been issued sanctioning the employment in the office of the Director of Public Instruction of an additional Deputy Director of Public Instruction on a scale of pay of Rs.600-1000 in the Madras Educational Service to work out details relating to the scheme with a staff consisting of one upper division clerk, one stenographer and one peon. The intention ~~k~~ is to appoint to the post of a person of the status of Assistant Director of Public Health.

9. As ordered in circulation this note on the scheme is placed before the Cabinet for orders whether the broad principles of the scheme will be approved details being left to be worked out later on;

~~(1)~~

(2) whether a special fund may be constituted for the purpose of the scheme.

M. V. Subramaniam
Secretary to Government.

aj/22.1

p.t.o.

E & P. H. Department.

As suggested in the Cabinet by H.M. Food, a Conference consisting of H.M. Food, H.M. Public Health, the urgeon-General to the Government of Madras, the Director f Public Health, Major Krishna Rao and myself, was conened in my room and the matter of the School Medical Inspection as proposed in this file was discussed. In view of the discussion, the Surgeon-General was asked to submit a note in consultation with the Director of Public Health and to have the scheme placed before us. His note is sent herewith. A copy of the note has already been circulated to H.M. Food and H.M. Public Health.

In his note, the Surgeon-General has observed that the nucleus staff proposed in the scheme, both for the Central Organisation and for work in the districts, is quite adequate as a beginning. The work of the staff may be supplemented by part-time medical officers from Rural Medical Practitioners, private medical practitioners, etc. He also thinks that medical inspection will be incomplete unless suitable arrangements are made for the treatment of the defects detected at this inspection and wants to provide a Central clinic for the purpose at the headquarters of each medical officer. Clinics may also be attached to district and taluk headquarters hospitals.

He has observed that the common defects noticed during school medical inspection are mal-nutrition, various parasitic infestations, dental caries, visual defects, skin affections, adenoids and enlarged tonsils, running from ears, cardiac dys-function, rickets, etc. The minor ailments can be treated at the school clinic itself. The school clinic may be placed in charge of the headmaster of the school or any other responsible teacher, who should be given a short course of training for the purpose by the school medical officer.

He suggests that the follow-up work is very important and that considerable work can be done by having "school children care Committees" for each school. The members of the Committee may be present at the time of the medical examination and they can persuade parents to arrange for the proper treatment for the defects. They may also collect funds from philanthropists and other public spirited people to give cod liver oil, milk, vitamin tablets etc. to poor children suffering from mal-nutrition.

The Surgeon-General thinks that some more money must be provided for the appointment of part-time medical officers for medical examination and treatment. The ultimate recurring expenditure on the present scheme is Rs.3,70,876. The remuneration for medical examination by part-time medical officers can be fixed at four annas per child for ordinary medical treatment and at one rupee for specialist service. The additional cost will then be:

(1) Medical examination of 1,00,000 children at annas four per child	.. Rs.25,000
(2) Ordinary medical treatment of 40,000 children at annas four per child	.. Rs.10,000
(3) Specialist treatment for 20,000 children at Re.One per Child	.. Rs.20,000
Total	.. Rs.55,000

p.t.o.

H.M. Food has sent his view on the note of the Surgeon-General. That note is also sent herewith. H.M. Food agrees with the Surgeon-General that the training will have to be given particularly to teachers in elementary and secondary schools on health education and the School care Committees may also be established if the scheme is to work out successfully. He is also of the opinion that the financial statement submitted by the Director of Public Health may be poor and that the expenditure will increase when the work is taken up on hand and that the training of school medical officers has got to be taken up early if the scheme is to be launched, and the school medical officers have got to be told not only to find the defects but also the ways and means of remedying them.

As a preliminary, H.M. Food would suggest the following:--

1) Training of Medical Inspectors
2) Formation of Mei Welfare Committe.. which would implement the recommendation of Medical Inspectors.
3) The post-war scheme implemented at least to the extent of treatment of defects found out as a result of the school medical inspection.

These are the minimum requirements that have got to be launched before the scheme is taken up.

I entirely agree with H.M. Food that the school medical staff should be trained for the purpose as suggested by the Surgeon-General. The Welfare Committees should be started and such other arrangements necessary for the purpose may be made. With regard to the extra amt needed, it will be seen that there has been a balance left in the working of the cost of the original scheme itself. The total income is Rs.4,51,383. The total expenditure is Rs.3,70,876/- and it will be seen that the additional amount which has been considered by the Surgeon-General may be met ~~xx~~ out of this income. The balance left in the fund according to our original estimate of income and expenditure is Rs.80,507/- and even after providing for the expenditure suggested by the Surgeon-General, i.e. Rs.55,000/-, there will still be a balance or Rs.25,507/- and so, it will be seen that even with the present additional expenditure, the scheme can be financially self-supporting. The suggestions made above may be accepted and with these suggestions, the scheme for medical inspection may be approved and the matter referred to the Cabinet for acceptance.

H.M. Food, H.M. Public Health and H.Pr. may see.

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The later details of the scheme are found in pp.69-71 and after. There was a conference with H.M.(P.H.), H.M. (Food), Surgeon-General, D.P.I., D.P.H., and myself in which the scheme was exhaustively considered, and on this certain suggestions were given by H.M. (Food) which have also been incorporated in the scheme. The scheme has been generally approved by the Surgeon-General, D.P.I. and the D.P.H. also. It is also self-supporting and so may be approved.

S.A.
6-194

p.t.o.

I have gone through the note of the Surgeon-General and the Director of Public Health, dated 23-4-1948. It may not be possible to have a clinic in every school. I doubt whether any Headmaster or other teacher can be trained in a short time and enabled to take charge of the school clinic and treat minor ailments. The only duties that can be entrusted to teachers trained for health work will be giving health education to children, encouraging hygienic habits in them and supervising the sanitation of the school and its environment. The proposal to appoint a "Care Committee" for each school and expect them to be present at the time of the medical examination and to go and persuade parents to arrange for appropriate treatment will not be a practicable proposition. The members of the school staff will have to enlist the sympathy and co-operation of parents and secure their presence at the time of the medical examination.

In cities where there are several High Schools and Colleges, medical inspection and follow-up work can be done by having full-time school medical officers. There are now many High Schools spread over the district and located in rural centres. Medical inspection work in such schools will have to be entrusted to doctors on part-time basis. For treatment we shall have to mainly rely on Government and Local Fund hospitals and dispensaries. Provision will have to be made for specialised types of service such as dental care, treatment of conditions relating to the eye, ear, nose and throat and it may be possible to do this only at the District Headquarters hospitals at present. It is no use having Rs.100/- medicine chests in schools. We can have only first aid equipment and weighing machines. The proposal to levy fees from all students and not merely from those who undergo medical examination is a matter which requires consideration since school fees have recently been raised.

"Until we know from the Central Govt. how much they are going to give as grant for implementing Bhore Committee's recommendations, we are not in a position to carry on this.

O.P.R.
24-6-48"

The Bhore Committee have pointed out that it is much better to start school health service on a limited scale and develop it by stages so as to ensure satisfactory results rather than attempt too much in the beginning and court the possibility of failure. According to the Committee it is desirable that the school health organisation should first be developed in an area close to the Headquarters of the Province. I think it better to try the proposed scheme in big cities or in select centres in the first instance and then to extend it in the light of experience gained by such trial rather than introduce it in the whole province all at once.

The most important thing for our improving the health of the pupils is undoubtedly more adequate and more nourishing food (provision of suitable school buildings and better attention to the sanitation of the school environment are also necessary) It is unfortunate that owing to the Limited finances of the Government the provision of mid-day meals to children in compulsory areas has had to be given up.

B.G.R.
23-6-48.

A.B.S.
11-6-48

The file may be circulated to H.M.(Edn.) for perusal of the minutes of H.M.(P.H) and H.Pr. and to H.Ms. P.H., Food and Finance for perusal of the minute of H.Pr.

M.V.S.
25-6-48

H.M.(Edn.
(P.H.
(Fin.
(Food

p.t.o.

The reference to the Bhore Committee's report in H.M. (P.H)'s notes has led to the remark of H.Pr. I am agreeable to the suggestion of H.M.(P.H.) that this scheme may be tried in areas where there are bunches of schools. The scheme is self-supporting and I would like to know H.M. (P.H)'s view whether we shall try it in this good form and see the benefits that it may ~~offer~~ confer. My own view is that the scheme may be tried as I have mentioned above. H. M.(Food) also seems to agree with it. I would like to know the view of H.M. (P.H) in that matter specifically.

T.S.A.
25-6-48.

The scheme may be tried in select centres.

A.B.S.
25-6-48.

The school medical service is entirely provincial. Beyond the recommendations, the financial implications have nothing with the Central Government. There is no use expecting any contributions from the centre for none were promised. The Centre have never asked us to carry out the scheme.

B.G.R.
2-7-48

The file may be re-circulated to H.M.(Edn.) H.Pr. also may see.

M.V.S.
3-7-48

The notes above may be read. There is no question of our asking any grant from the Government of India as the scheme is self-supporting as pointed out by H.M. (Food).

A few days back, an Army Officer had occasion to meet me and had occasion to say that to get the required personnel with the required military standard from South India has not been very easy. He thinks we must look into the health of our children and that this is an essential beginning. All H.Ms. above have agreed to the proposal including H.M. (Food) and H.M. (P.H.) From the financial point of view, the scheme is self-supporting, and so, may be approved.

T.S.A.
5-7-48.

We have already so many schemes. Let us not add one more. Let him carry out existing schemes successfully.

K.P.R.
5-7-48.

The file may be re-circulated.

M.V.S.
6-7-48

I have had a talk with H.M. Food over the matter. He thinks it is better to try it in selected centres instead of trying it throughout the Province. We may accept the suggestion. He also thinks that mere medical examination will not do and the follo-up work suggested by us will not be effective He thinks that it may be taken in certain centres and worked more effectively. He also said that it will suggest the ways

ways and means as to how it can be effectively done. The file may be sent to him forhis comprehensive suggestion in the matter.

T.S.A.
7-7-48.

The scheme is worth trying in selected centres.

A.B.S.
8-7-48

I have since met H.Pr. and he is definitely of opinion that the scheme ought not to be taken up even on the lines suggested by H.M. Edn. As far as I am concerned I am agreed that the scheme may be tried at selected places on the plan as outlined by the Medical Post-War Re-organization Committee. The plan I have in mind is as follows:-

After a thorough investigation of the physical conditions of the pupils it should be fully recorded and then it should be properly analysed by the Medical Inspector. The conference of the parents concerned has got to be call called in and the scheme explained to them and agreement obtained from them for taking up necessary treatment. The hospital should be either in the District headquarters or at Taluk headquarters where a full range of clinical equipment would be available to correct all defects found in the pupils including the Opthalmic, Dental, ex-ray, and orthopedic and others so that the investigation required may be properly carried out.

The question of nutrition necessary for the pupil looms large and in any case in medical inspection of schools bad nutrition and defective nutrition have got to be combated against and unless these are done, the scheme of medical inspection is of no good. I would like to know how the arrangement for nutrition defects is to be made and I would also like to know about the financial implications of the scheme. Would it be met by the parents or by the institutions concerned ? That is a matter for decision by the Education Department.

After the first investigation is made, there is no use stopping at it. Following up the investigation is a necessary concommitant and unless this is arranged fo in time, the experiment ought not to be undertaken.

I don't think the compulsory provision of a rupee or two for each pupil will at all meet the exigencies of the situation. The State will necessarily have to come in to supplement and that way the financial commitment of the scheme is bound to be a very heavy one and requires careful consideration by the Government.

I have all these in view and I would suggest the matter be taken during the next financial year, but I have no objection for the investigation being pursued on the lines I have suggested above.

T.S.S.
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8-7-48

We may discuss the matter in an informal meeting.

B.G.R.
9-7-48

The file may be circulated to H.M.(Edn.) and M.Pr. Orders may be taken as to whether a note should be prepared.

M.V.S.
10-7-48.

T.S.R.
15-7-48

Let it wait for some time.

C.P.R.
24-7-48

The ~~fix~~ file may be re-circulated.

M.V.S.
21-7-48

T.S.A.
23-7-48

I agree with H.P.R
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28-7-48.

A.B.S.
26-7-48

B.G.R.
6-8-48

E & P.H. D

Please see the orders in circulation on p-8 above. The scheme is likely to be taken up for consideration again only during the next financial year. It does not appear necessary to keep this file open so long. The papers may be recorded, a call being noted against 1-4-49 for further action. For orders.

M.V.S.
5-11-48.

Yes. The matter may not be taken up immediately. But, even if it is to be taken some time later, there are some matters which ought to be investigated. One of the main difficulties in such a scheme has been that many of ~~kg~~ the diseases of the children are due to malnutrition and there is no use of medical inspection which merely finds that these diseases are due to malnutrition, unless we find out some way in which we may fight the malnutrition One of the ways of fighting malnutrition was providing mid-day meals for poor children which we could not continue on financial grounds. I would like to have the matter investigated whether we can do anything very cheap like kanji or vitamin pills or shark liver oil which may be cheap and distributed to all week children and thus fight mal-nutrition. The matter may be referred to the Surgeon-General. He may be asked to consider the matter in consultation with the respective experts and let us know.

T.S.A.
8-11-1948.

An extract of H.M's minutes above has been taken to the top file and action on them is being pursued in that file. H.M. has agreed to these papers being recorded. May therefore, be -

G.O.Ms.No.2841 Education, dated 12-11-1948.

Recorded.

M.V.S.
10-11-48

(Abstract.)

SCHOOLS - School Medical Service - Scheme for - Papers - Recorded.

R.22.7

(True copy)

Office Assistant
Madras Record Office.

24/6/54